

**APPLICATION FOR INDIGENT DEFENSE SERVICES  
FOR AN ADULT IN A JUVENILE CASE**

**NOTICE:** You may be required to submit verification of your Gross Income. Verification of Gross Income includes one of the following: 1) most recent pay stub reflecting current wages, or 2) most recent W2, or 3) most recent Tax Return, or 4) Written Statement from Employer.

TITLE OF CASE: \_\_\_\_\_

PERSON FOR WHOM SERVICES ARE SOUGHT: \_\_\_\_\_

CASE NUMBER(S): \_\_\_\_\_

TYPE OF CASE:            Informal Adjustment            Unruly            Delinquency  
(Circle all that apply)            Deprivation            TPR            Other

*Please Print All Information*

**PART A**

What is your full name (include any aliases)? \_\_\_\_\_

Home phone number: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

Full Mailing Address: \_\_\_\_\_

Street Address (if different): \_\_\_\_\_

Date of birth: \_\_\_\_\_

Have you ever had an appointed lawyer? YES \_\_\_\_\_ NO \_\_\_\_\_

If yes, who was your attorney? \_\_\_\_\_

If yes, when and in what county/state? \_\_\_\_\_

**PART B**

Do you receive any of the following governmental benefits:

TANF: YES \_\_\_\_\_ NO \_\_\_\_\_ Medical Assistance for the Elderly: YES \_\_\_\_\_ NO \_\_\_\_\_

Supplemental Security Income: YES \_\_\_\_\_ NO \_\_\_\_\_

**If you answered yes to receiving TANF, Supplemental Security Income, OR Medical Assistance for the Elderly, skip parts C, D, and E and go to Part F.**

**If you answered no to receiving TANF, Supplemental Security Income, AND Medical Assistance for the Elderly, complete the entire application in order for your eligibility for indigent defense services to be determined.**

**PART C**

Are you employed? YES \_\_\_\_\_ NO \_\_\_\_\_

If yes, print your employer's name, telephone number and address: \_\_\_\_\_

What type of work do you do? \_\_\_\_\_

What is your supervisor's name? \_\_\_\_\_

Is your spouse employed? YES \_\_\_\_\_ NO \_\_\_\_\_ NOT MARRIED \_\_\_\_\_

Your Monthly income before taxes \$ \_\_\_\_\_ Cash on Hand \$ \_\_\_\_\_

Spouse's monthly income before taxes \$ \_\_\_\_\_ Bank Accounts \$ \_\_\_\_\_

Governmental/Public Assistance: \$ \_\_\_\_\_ Tax refund coming \$ \_\_\_\_\_

Unemployment \$ \_\_\_\_\_ Stocks/Bonds \$ \_\_\_\_\_

Pension \$ \_\_\_\_\_ Land/Real Estate \$ \_\_\_\_\_

VA Disability \$ \_\_\_\_\_ Value of Home/Mobile Home \$ \_\_\_\_\_

Military Allotment \$ \_\_\_\_\_ Value of Vehicles \$ \_\_\_\_\_

Spousal/Child support \$ \_\_\_\_\_ Livestock \$ \_\_\_\_\_

Other Income \$ \_\_\_\_\_ Household Goods \$ \_\_\_\_\_

Total Monthly Income \$ \_\_\_\_\_ Other Assets \$ \_\_\_\_\_

Total Assets \$ \_\_\_\_\_

**PART D**

If you own or are buying property listed below, circle the item and then fill in the information about the property.

Property:	What is the make/model & year	Cost when you bought it	Present Value	How much do you still owe on it?
Car				
Second Car				
Pickup				
Truck				
Motorcycle				
Recreational Vehicle				
House / Mobile Home				
Other Real Estate				
Other Property: _____				
Other Property: _____				

**PART E**

Names of People living in your household:

	<u>Name</u>	<u>Age</u>	<u>Relationship</u>
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____

Names, ages, and relationship of other dependents or others you support financially

1.	_____	_____	_____
2.	_____	_____	_____

Are there any extraordinary financial conditions that would prevent you from hiring a private lawyer?

YES \_\_\_\_\_ NO \_\_\_\_\_ If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**PART F**

I have answered all questions honestly and truthfully to the best of my knowledge and I am requesting that a lawyer be appointed to represent me. I understand that the information supplied on this form is not confidential. I also understand that if I have supplied false information in the application, it may lead to criminal prosecution and conviction.

If counsel is appointed for me, I understand that I have a continuing responsibility to inform the court of any changes in my financial condition. I understand that even if I am found eligible to have the costs of an attorney and related expenses paid for me at this time, I may be required to pay back those expenses to the State at a later time.

Date: \_\_\_\_\_

Signature \_\_\_\_\_

**FOR COURT USE ONLY**

Case Title(s): \_\_\_\_\_

Applicant is found to be:

\_\_\_\_\_ Not Indigent. The Application for appointed defense services is denied.

\_\_\_\_\_ Indigent. Counsel is to be provided by the ND Commission on Legal Counsel for Indigents.

Date: \_\_\_\_\_ Approved: \_\_\_\_\_

\_\_\_\_\_  
Judge of District Court or Designee